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ACCOUNTS OF

ARIZO	NA STATE BO	ARD OF HEALTH	State File No.
	DUDEAU OF VITA	T SIVIDIICA	Registered No
PLACE OF BIRTH	STANDARD CERTIFI	CATE OF BUSIN	
4.0	8	tate	
County VIII		r Village	
District or Township			St. Ward
munc	No (If birth occur	red in a hospital or institution, give its	NAME instead of street and number) [If child is not yet named, make
City	Beer	_	If child is not yet named, make aupplemental report, as directed.
2. Full name of child Vouva	7 300		(Oa X 12-192)
3. Sex of Child To be answered ONLY \ 4.	Iwin, triplet or other.		birthVose
in event of plural	No., in order of birth	2 10	NIONEN
77000 Births.	1	14. MO'	THER
8. FATHER	· \	Full maiden name luques	Juny Casters ?
Full name ()	eisa		- Wilder () 11
- Morney	,	15 Residence (Usual place of abode)	regulation ()
9. Residence (Usual place of abode)	Julian	If non-resident, give place a	nd state.
If non-resident, give place and state.	Antine 1		
· · · · · · · · · · · · · · · · · · ·	0	16 Color or race	27 (Years)
10. Color or race	hday 33 (Years)	mexican 17.	Age at last birthday (Years)
mit Cam 11. Age at last birt	nday		Yal co
Tal	<u> </u>	18. Birthplace (city or place)	Justin
12. Birthplace (city or place)	Dunk 1 W	(State or country)	
(State or country)		19. Occupation	(
The American		Nature of industry	
13. Occupation	mure	11	
Nature of industry		115150 - 153 - 21.	Were precautions taken against opli-
20. Number of children of this mother	(a) Born alive	and now living 21. V	Hes
			1577
(Taken as of time of birth of child herein certified and including this child.)	CATE OF ATTENDE	NG PHYSICIAN OR MIDWIFE	m. on the date above stated
I hereby certify that I attended the birth of th	is child, who was	(Born alive or stillborn.)	Jano Jano
I hereby certify that I attended the bitte of		Collary a	
(swhen there was no attending physician	Signature	Silvery	in Asignia 1,
or midwife, then the father, householder,	*	Trucco	(Physician or midwife).
or midwife, then the father, household etc., should make this return. A stillborn child is one that neither breather nor shows other evidence of life after birth.			
shows order from	Address		- 6 088271
a supplemental report Month. day, year	·•	16-11 1921	C C Registrar
	•••	A CONTRACTOR OF THE PARTY AND	
Registrar	32/-	10/8-159	, I -

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